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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
26418 7590 12/28/2007							
		ELECTRONICALLY FILED ON MARCH 26, 2008					
REED SMITH, LLP ATTN: PATENT RECORDS DEPARTMENT				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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599 LEXINGTON NEW YORK, NY				TO (\$71) 273-21 ne Lang	885, on the dat	te indicated below. (Depositor's name)	
						<i>-</i>	
				.,,,,,	rlene -	ara	(Signature)
				March	26, 2008		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ror	ATTORNEY DO	OCKET NO.	CONFIRMATION NO.
10/522,008	10/522,008 11/23/2005		Peter John Miller	Peter John Miller KILBU		/ 500728.	1716
TITLE OF INVENTION:							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	JE FEE TOTAL	L FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	03/28/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HOLMES, MICHAEL B		2121	700-0210 00				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the patent front page, list				
		(I) the names of up to 3 registered patent attorneys Cowan, Liebowitz or agents OR, alternatively,					
Change of correspor Address form PTO/SB/	122) attached.	or agents OR, alternatively, (2) the name of a single firm (having as a member a					
"Fee Address" indica	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is						
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is 3				
3. ASSIGNEE NAME AN							
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGN		(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Ricardo UK	West Sussex, Great Britain						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity							
4a. The following fee(s) are	b. Payment of Fee(s):		ny previously p	aid issue fee sl	hown above)		
Market Fee		A check is enclosed.					
Publication Fee (No		☐ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number					
☐ Advance Order - # o	of Copies		overpayment, to I	reby authorized to cha Deposit Account Numb	per 03-3415	(enclose an	extra copy of this form).
5. Change in Entity Statu	s (from status indicated	l above)					
a. Applicant claims	SMALL ENTITY state	s. See 37 CFR 1.27.	☐ b. Applicant is no	longer claiming SMA	LL ENTITY stat	tus. See 37 CF1	R 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the re-	Publication Fee (if requested States	nired) will not be accepte (58) Patent and Trademark	d from anyone other the Office.	an the applicant; a reg	sistered attorney	or agent; or the	assignee or other party in
Authorized Signature	My 11.	le Unlay		DateM	arch 26,	2008	
Typed or printed name	Lloyd McAu	ılay /		Registration 1	No. 20,42	23	
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